Medical Benefits At-A-Glance

The following is only a summary, some benefits may have further limitations or exclusions.

	Lovelace HMO	Presbyterian My Care[2]
		Active
Annual deductible	None	None
Annual out-of-pocket costs	$1,500 individual, $3,000 family	Twice your annual premium
Lifetime maximum	Unlimited	Unlimited
Physician Services		
Office visit	$15 co-pay per visit	$20 co-pay per visit
Specialist visit	$25 co-pay per visit	$30 co-pay per visit
Allergy testing	$25 co-pay per visit	You pay 20%
Injections	$15 co-pay per visit	Included in office visit co-pay
Infertility services	$25 co-pay per visit, $15 co-pay if PCP[1]	You pay 50%
Gynecological exam	$25 co-pay per visit, $15 co-pay if PCP	$20 co-pay
Pre and post natal care	$25 co-pay per initial visit, no charge for all other routine visits	$20 co-pay per visit up to $200 per pregnancy
Diagnostic X-ray		
MRI	$75 co-pay[1]	$125 co-pay per test
CAT Scans	$75 co-pay[1]	$75 co-pay per test
Cardiac Cath	$150 co-pay[1]	$200 co-pay per test
X-Ray and Laboratory	No charge	No charge
Urgent care	$25 co-pay urgent, $15 co-pay non-appointment care	Participating provider: $25 co-pay Non-participating provider: $50 co-pay
Emergency room	$75 co-pay, waived if admitted	$75 co-pay, waived if admitted
Ambulance	$50 co-pay (ground), $100 co-pay (air)	$50 co-pay (ground), $100 co-pay (air)
Hospital		
Inpatient	$250 co-pay per admission[1]	$150 co-pay per day up to $450 per admission[1]
Outpatient	$150 co-pay[1]	$150 co-pay per visit[1]
Speech, physical, occupational therapy Outpatient	$20 co-pay per visit (60 visits per calendar year combined includes acupuncture)[1]	$30 co-pay per visit[1] (2 months per condition)
Acupuncture	See speech therapy	$30 co-pay per visit (20 visits per calendar year, medical necessity)
Durable medical equipment	You pay 50% of charges[1]	You pay 50%[1]
Chiropractor	$20 co-pay per visit (60 visits per calendar year combined includes acupuncture)[1]	$30 co-pay per visit (18 visits per calendar year, medical necessity)
Home Health Care	No charge[1] (100 visits max per calendar year)	No charge[1]
Hospice	$250 co-pay per admission[1]	$150 co-pay per day up to $450 per admission[1]
Skilled nursing care	No charge (60 days per calendar year)	$150 co-pay per day up to $450 per admission (60 days per calendar year) [1]
Dialysis	$150 co-pay per admission[1]	You pay 20% per visit
Mental Health		
Inpatient	$250 co-pay per admission	$150 co-pay per day up to $450 per admission[1]
Outpatient	$25 co-pay per visit	$30 co-pay per visit[1]
Substance Abuse		
Inpatient	$50 co-pay per day[1] (30-day max per calendar year)	Detox: $150 co-pay per day up to $450 per admission[1,3*] Rehab: 25% co-pay per admission[1,3*]
Outpatient	$25 copay per visit (20 visits max per calendar year)	$30 co-pay per visit[1] (20 visits per calendar year)
Prescription Drugs		
Retail	Generic $10, brand $35, non-preferred or brand name with generic equivalent 50%	Generic $10, brand $35, non-preferred $55 (30 days or 100 units, whichever less) When generic available but chooses brand, $10 plus difference in cost
Mail Order	Generic $20, brand $70, non-preferred or brand name with generic equivalent 50%	Generic $20, brand $87.50, non-preferred $165 (90 days or 300 units, whichever less) When generic available but chooses brand, $20 plus difference in cost

[1] Prior authorization/benefit certification applies.

[2] Pending Department of Insurance approval.

[3] Benefits are limited to reasonable and customary charges. You are responsible for any balance due above reasonable and customary charges.

For a more complete description please refer to each plan's member certificate, schedule of benefits or group subscriber agreement.

Presbyterian My Care[2]		
	Independent	
Family	**Network**	**Out-of-Network**
None	None	$500 individual, $1,500 family
Twice your annual premium	Twice your annual premium	$6,000 individual, $18,000 family
Unlimited	Unlimited	$2 million
$25 co-pay (adult), $10 co-pay (child)	$25 co-pay per visit	You pay 40%
$35 co-pay (adult), $20 co-pay (child)	$35 co-pay per visit	You pay 40%
You pay 20%	You pay 20%	You pay 40%
Included in office visit co-pay	Included in office visit co-pay	You pay 40%
You pay 50%	You pay 50%	Not covered
$25 co-pay (adult), $10 co-pay (child)	$25 co-pay	You pay 40%
$25 co-pay per visit up to $250 per pregnancy	$25 co-pay per visit up to $250 per pregnancy	You pay 40%
$200 co-pay per test (adult) $100 co-pay per test (child)	$125 co-pay per test	You pay 40%[1,4]
$125 co-pay per test (adult) $75 co-pay per test (child)	$75 co-pay per test	You pay 40%[1,4]
$300 co-pay per test (adult) $175 co-pay per test (child)	$200 co-pay per test	You pay 40%[1,4]
No charge	No charge	You pay 40%[1,4]
Participating provider: $35 co-pay (adult), $20 co-pay (child), Non-participating provider: $45 (adult), $30 co-pay (child)	$35 co-pay	$45 co-pay no deductible
$75 co-pay, waived if admitted	$75 co-pay, waived if admitted	$75 co-pay no deductible
$50 co-pay (ground), $100 co-pay (air)	$50 co-pay (ground), $100 co-pay (air)	$50 co-pay (ground), $100 co-pay (air)
$150 co-pay per day up to $450 per admission (adult)[1] $100 co-pay per day up to $300 per admission (child)[1]	$150 co-pay per day up to $450 per admission[1]	You pay 40%[1,4]
$200 co-pay per visit (adult), $100 co-pay per visit (child)[1]	$125 co-pay per visit[1]	You pay 40%[1,4]
$35 co-pay per visit (adult), $20 co-pay per visit (child) (2 months per condition)	$35 co-pay per visit (2 months per condition)	You pay 40%[1,4] (2 months per condition) Speech therapy not covered out-of-network
$35 co-pay (adult), $20 co-pay (child); (20 visits per calendar year, medical necessity)	$35 co-pay per visit (20 visits per calendar year, medical necessity)	You pay 40%
You pay 50%[1]	You pay 50%[1]	You pay 50%[1,4]
$35 co-pay (adult), $20 co-pay (child) (18 visits per calendar year, medical necessity)	$35 co-pay per visit (18 visits per calendar year, medical necessity)	You pay 40%
No charge[1]	No charge[1]	You pay 40%[1,4]
$150 co-pay per day up to $450 per admission (adult)[1] $100 co-pay per day up to $300 per admission (child)[1]	$150 co-pay per day up to $450 per admission[1]	You pay 40%[1,4]
$150 co-pay per day up to $450 per admission (adult) $100 co-pay per day up to $300 per admission (child) (60 days per calendar year)[1]	$150 co-pay per day up to $450 per admission (60 days per calendar year)[1]	You pay 40%[1,4]
You pay 20% per visit	You pay 20% per visit	You pay 40%
$150 co-pay per day up to $450 per admission (adult)[1] $100 co-pay per day up to $300 per admission (child)[1]	$150 co-pay per day up to $450 per admission[1]	You pay 40%[1,4]
$35 co-pay (adult), $20 co-pay (child) per visit[1]	$35 co-pay per visit[1]	You pay 40%[1,4]
Detox: $150 co-pay per day up to $450 per admission (adult)[1]; $100 co-pay per day up to $300 per admission (child)[1]; Rehab: 25% co-pay per admission[1]*	Detox: $150 co-pay per day up to $450 per admission[1]; Rehab: 25% co-pay per admission[1,4]*	You pay 40%[1,4]
$35 co-pay per visit (adult)[1] $20 co-pay per visit (child)[1]	$35 co-pay per visit[1] (20 visits per calendar year)	You pay 40%[1,4]
Generic $10, brand $30, non-preferred $50 (30 days or 100 units, whichever less) When generic available but chooses brand $10 plus difference in cost	Generic $10, brand $30, non-preferred $50 (30 days or 100 units, whichever less) When generic available but chooses brand $10 plus difference in cost	Not covered unless an emergency outside service area (deductible doesn't apply)
Generic $20, brand $75, non-preferred $150 (90 days or 300 units, whichever less) When generic available but chooses brand $20 plus difference in cost	Generic $20, brand $75, non-preferred $150 (90 days or 300 units, whichever less) When generic available but chooses brand $20 plus difference in cost	Not covered

[4] A 15% penalty applies if benefit certification is not obtained.
*20 visits and 1 episode per calendar year, 3 episodes per lifetime.